BEFORE THE IOWA BOARD OF MEDICINE

****

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

SANDESH R. PATIL, M.D., RESPONDENT

FILE No. 02-13-125

****

DISMISSAL ORDER

****

Date: December 11, 2015.

1. Respondent was issued Iowa medical license no. 29779 on March 15, 1994.

2. Respondent's Iowa medical license has been inactive due to non-renewal since December 1, 1998.

3. **Practice Setting:** Respondent is an Iowa-licensed physician who formerly practiced internal medicine, specializing in cardiovascular disease, in London, Kentucky.

4. **Criminal Charges:** On June 4, 2013, Respondent pleaded guilty to health care fraud in the United States District Court, Eastern District of Kentucky. Respondent falsely recorded the severity of patients' illnesses in order to receive payment for numerous heart procedures in 2009 and 2010. Respondent was sentenced to 30 months in federal prison and was excluded from the Medicare, Medicaid and all other federal health care programs for a minimum of five years. See Attachment A.

5. **Kentucky Disciplinary Action:** On June 20, 2013, Respondent was disciplined by the Kentucky Board of Medical Licensure (Kentucky Board). The Kentucky Board alleged that Respondent failed to provide appropriate medical care to multiple patients, including the following:

A. Respondent failed to perform appropriate histories, physical examinations and cardiovascular testing.

B. Respondent failed to maintain appropriate medical records.

C. Respondent performed unnecessary cardiovascular testing, stenting and angioplasty procedures.

On June 20, 2013, Respondent forfeited his Kentucky medical license. See Attachment B.

6. **Iowa Disciplinary Charges:** On May 15, 2015, the Iowa Board filed formal disciplinary charges against Respondent charging him with being disciplined by the licensing authority of another state in violation of the laws and rules governing the practice of medicine in Iowa. See Attachment C.

7. **Relinquishment of Iowa Medical License:** Effective July 1, 2015, pursuant to Iowa Code section 148.8A, Respondent's Iowa medical license was relinquished because he failed to apply for renewal or reinstatement of the license within five (5) years after its expiration. See Iowa Code section 148.8A. Respondent's Iowa medical license may not be reinstated, reissued, or restored once it has been relinquished. Therefore, Respondent no longer holds an Iowa medical license.

THEREFORE IT IS ORDERED: that the Board hereby **DISMISSES** the Statement of Charges currently pending against Respondent in this matter. However, should Respondent apply for a new Iowa medical license in the future, the Board will reopen this matter and take appropriate action necessary to protect the public.

This order becomes effective on December 11, 2015.

Hamed H. Tewfik, M.D., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

Attachment "A"

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF KENTUCKY
CENTRAL DIVISION
FRANKFORT

CRIMINAL ACTION NO.

UNITED STATES OF AMERICA **PLAINTIFF**

V. **PLEA AGREEMENT**

SANDESH RAJARAM PATIL **DEFENDANT**

* * * * *

1. Pursuant to Federal Rule of Criminal Procedure 11(c), the Defendant will enter a guilty plea to Count 1 of the Information, charging a violation of 18 U.S.C. § 1035, false statements relating to health care matters. Pursuant to Rule 11(c)(1)(C), the United States and the Defendant agree to a specific sentence range. Pursuant to Rule 11(c)(4), if the Court accepts this plea agreement, the agreed disposition will be included in the judgment.

2. The essential elements of Count 1 are:

(a) the Defendant makes any false, fictitious, or fraudulent statements or representations, or makes or uses any materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

(b) in connection with the delivery of or payment for health care benefits, items, or services.

3. As to Count 1, the United States could prove the following facts that establish the essential elements of the offense beyond a reasonable doubt, and the Defendant admits these facts:

(a) On February 19, 2009, at Saint Joseph Hospital in London, Kentucky, in the Eastern District of Kentucky, **PATIL** reviewed an angiogram of patient B.D. **PATIL** recorded the lesion in B.D.'s left circumflex as 70% blocked. **PATIL** subsequently placed a stent at the site of this lesion. **PATIL** knew the lesion was not 70%, but was actually far less. **PATIL** believed the procedure was medically necessary. **PATIL** falsely recorded the amount of stenosis because he knew Medicaid would not pay for the procedure if he recorded the correct degree of stenosis.

(b) The payment for B.D.'s stent placement was submitted to Medicaid for payment. Medicaid subsequently paid St. Joseph London $6,088.45 for this procedure.

4. The statutory punishment for Count 1 is imprisonment for not more than 5 years, a fine of not more than $250,000, and a term of supervised release of not more than 3 years. A mandatory special assessment of $100 applies, and the Defendant will pay this assessment to the U.S. District Court Clerk at the time of the entry of the plea.

5. The United States and the Defendant agree to the following sentencing guidelines calculation and a sentencing range of 30-37 months, which binds the Court upon acceptance of this plea agreement.

(a) United States Sentencing Guidelines (U.S.S.G.), November 1, 2012, manual, will determine the Defendant's guidelines range.

(b) Pursuant to U.S.S.G. § 1B1.3, the Defendant's relevant conduct includes the amount repaid by Saint Joseph London, which totals $256,800.19.

(c) Pursuant to U.S.S.G. § 2B1.1(a), the base offense level is 6.

(d) Pursuant to U.S.S.G. § 2B1.1(b), increase the offense level by 12 levels for the amount of loss.

(e) Pursuant to U.S.S.G. § 3B1.3, increase the offense level by 2 levels for use of a special skill.

(f) Pursuant to U.S.S.G. §2B1.1(b)(14)(A), increase the offense level by 2 levels for the conscious risk of death or substantial bodily injury inherent in placing a stent.

(g) Pursuant to U.S.S.G. § 3E1.1 and unless the Defendant commits another crime, obstructs justice, or violates a court order, decrease the offense level by 2 levels for the Defendant's acceptance of responsibility. If the offense level determined prior to this 2-level decrease is level 16 or greater, the United States will move at sentencing to decrease the offense level by 1 additional level based on the Defendant's timely notice of intent to plead guilty.

(h) The Defendant's total offense level is 19.

(i) The Defendant has no criminal history points, which places the Defendant in criminal history category 1.

(j) Based on offense level 19 and criminal history 1, the guidelines range for imprisonment is 30-37 months.

(k) The Defendant's sentence of imprisonment shall be no less than 30 months and no more than 37 months.

(l) The Defendant's term of supervised release shall be three years. All mandatory and special conditions of supervised release listed in U.S.S.G. §5D1.3 shall apply.

(m) A fine shall not be imposed because the Defendant has lost his ability to practice medicine and is the subject of numerous civil lawsuits.

(n) Pursuant to U.S.S.G. § 5E1.1, restitution of $256,800.19 has been repaid to the United States by Saint Joseph London. The Defendant specifically agrees, pursuant to 18 U.S.C. § 3663(a)(1)(A), to make any additional restitution provided by 18 U.S.C. § 3663 to those individuals for whom repayment has been made by Saint Joseph London.

6. The Defendant agrees to be excluded from the Medicare, Medicaid, and all other Federal health care programs as defined by 42 U.S.C. § 1320(a)-7b(f) for a minimum period of five years, effective on the date of the plea. This exclusion will be effectuated in

accordance with the requirements of 42 U.S.C. § 1320a-7(a) (mandatory exclusion for conviction.)

7. The Defendant waives the right to appeal the guilty plea, conviction and sentence. Except for claims of ineffective assistance of counsel, the Defendant also waives the right to attack collaterally the guilty plea, conviction, and sentence.

8. The United States will recommend releasing the Defendant on the current conditions for future court appearances if the Defendant does not violate the terms of the order setting conditions of release.

9. The Defendant agrees to cooperate fully with the United States Attorney's Office and will make a full and complete financial disclosure. The Defendant agrees to complete and sign a financial disclosure statement or affidavit disclosing all assets in which the Defendant has any interest or over which the Defendant exercises control, directly or indirectly, including those held by a spouse, nominee, or other third party, and disclosing any transfer of assets that has taken place within three years preceding the entry of this plea agreement. The Defendant will submit to an examination, which may be taken under oath and may include a polygraph examination. The Defendant will not encumber, transfer, or dispose of any monies, property, or assets under the Defendant's custody or control without written approval from the United States Attorney's Office. If the Defendant is ever incarcerated in connection with this case, the Defendant will participate in the Bureau of Prisons' Inmate Financial Responsibility Program, regardless of whether the Court

specifically directs participation or imposes a schedule of payments. If the Defendant fails to comply with any of the provisions of this paragraph, the United States, in its discretion, may refrain from moving the Court pursuant to U.S.S.G. § 3E1.1(b) to reduce the offense level by one additional level, and may argue that the Defendant should not receive a two-level reduction for acceptance of responsibility under U.S.S.G. § 3E1.1(a).

10. The Defendant understands and agrees that, pursuant to 18 U.S.C. § 3613, whatever monetary penalties are imposed by the Court will be due and payable immediately and subject to immediate enforcement by the United States. If the Court imposes a schedule of payments, the Defendant agrees that it is merely a minimum schedule of payments and not the only method, nor a limitation on the methods, available to the United States to enforce the judgment. The Defendant waives any requirement for demand of payment on any fine, restitution, or assessment imposed by the Court and agrees that any unpaid obligations will be submitted to the United States Treasury for offset. The Defendant authorizes the United States to obtain the Defendant's credit reports at any time. The Defendant authorizes the U.S. District Court to release funds posted as security for the Defendant's appearance bond in this case, if any, to be applied to satisfy the Defendant's financial obligations contained in the judgment of the Court.

11. If the Defendant violates any part of this Agreement, the United States may void this Agreement and seek an indictment for any violations of federal laws, and the Defendant waives any right to challenge the initiation of additional federal charges.

12. This document and the sealed supplement contain the complete and only Plea Agreement between the United States Attorney for the Eastern District of Kentucky and the Defendant. The United States has not made any other promises to the Defendant.

13. This Agreement does not bind the United States Attorney's Offices in other districts, or any other federal, state, or local prosecuting authorities.

14. The Defendant and the Defendant's attorney acknowledge that the Defendant understands this Agreement, that the Defendant's attorney has fully explained this Agreement to the Defendant, and that the Defendant's entry into this Agreement is voluntary.

KERRY B. HARVEY
UNITED STATES ATTORNEY

Date: 6/4/13 By: _____
Andrew Sparks
Assistant United States Attorney

Date: 6/4/13 _____
Sandesh Patil
Defendant

Date: 6/4/13 _____
Brian Butler
Attorney for Defendant

APPROVED, this _____ day of _____, _____.

_____
UNITED STATES DISTRICT JUDGE

Attachment "B"

FILED OF RECORD

JUL 18 2013

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1497

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY SANDESH R. PATIL, M.D., LICENSE 36248, 285 BEECHWOOD DRIVE, LONDON, KENTUCKY 40744

AGREED ORDER OF FORFEITURE

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Sandesh R. Patil, M.D. ("licensee"), and, based upon their mutual desire to fully and finally resolve the pending investigation without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER OF FORFEITURE**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Forfeiture:

1. At all relevant times, Sandesh R. Patil, M.D., was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Cardiovascular Disease.
3. On March 22, 2011, the Kentucky Board of Medical Licensure (hereafter "the Board") received an anonymous grievance alleging that the licensee and others were performing unnecessary stenting and angioplasty procedures.
4. Following a preliminary review by the Board's consultant, the Board obtained five (5) patient records from the licensee involving those procedures. Following review, the consultant reached the following conclusions, in part,

Patient A

There is more than enough information to form an opinion. Diagnosis is clearly below minimum standards. Never once during the extended course of events did this patient have a physiologic exam to assess whether there actually existed any objective evidence of ischemia. This could have been any of a variety of stress test, or during a procedure, pressure wire measurement. Instead, there is a consistent inappropriate rush to invasive testing to show anatomy, sometimes scheduled by a mid-level provider. On my count, the patient presented eleven times and was taken to the cath lab ten of those times; each trip to the lab was associated with an intervention. The IVUS device is utilized more than usual or necessary, almost always to push for revascularization rather than as a tool to show that another procedure is not required. This is followed by consistent exaggeration of the severity of stenosis at angiography and with the IVUS device. Records are below minimum standards. Never once is there a work-up by Dr. Patil that would "pass muster" for a billable H&P, or an office note or in-patient consultation that justifies the diagnosis and plan with details of a history or exam. Treatment is below minimum standards as discussed extensively above. It seems that the plan to treat and the procedure to be done are often pre-determined before the anatomy has even been seen. In the end, the patient needed surgery to correct complications of her treatment, not her disease. Clearly, this case is below minimum standards. This case includes multiple instances of unnecessary stents as well as other unnecessary procedures. These departures from minimum standards are justified by Dr. Patil as attempts to help this patient who in retrospect is likely to have had a psychiatric illness. There can be no legitimate justification for the careless, casual, systematic over utilization of invasive and interventional treatments in this case. While it is true that some of the procedures became necessary to treat eventual complications, these complications arose from illegitimate procedures that were not necessary at the onset. It is doubtful that remedial education is the solution to this pattern of gross over utilization. It is my understanding that this physician has relocated to a different area in a different practice. Certainly leaving this hospital that accepts rudimentary documents as appropriate records will possibly help. Getting out of the London practice that appears to be totally oriented to maximal procedural billing will likely help. Advances in interventional cardiology that help avoid inappropriate intervention are available and are known to the patient. Total or random review of all invasive procedures performed by this physician as well as requirement of his submitting appropriate records with emphasis on history, physical exam, tests, etc may be appropriate. Remedial education may be helpful for the latter.

Patient B

Diagnosis is opinioned to be below minimum standards. There is no physiologic study before or during revascularization procedures on the native right coronary artery or the native left main. There is no testing of the pulmonary system until after the patient has already been through the difficult process of coming off Coumadin that is continuously essential for the safe function of the metallic valve in place in the

aorta to do the arterial puncture. There is only review of an earlier poorly done angiogram followed by an inexplicable plan to place stents into an unobstructed native right coronary artery. Treatment is also suboptimal when this plan is carried out, but only after stenting a main left coronary artery that only supplies small branches that remain after occlusion of the LAD and circumflex years ago. Records are very poor both by not having details important to the case, and by having nonsense assessment and plan sections in the document serving as the admission H&P. Overall my opinion is that the case is below minimum standards. Unnecessary stenting is noted. The reasons for this opinion are discussed above. It is my impression that the London, Kentucky hospital has already changed procedures in an effort to supervise physician utilization of the cath lab, both for diagnostic and therapeutic uses. Remedial instruction is possible for record keeping, etc. More appropriate hospital expectations for records would also be welcome. The rebuttal letter from Dr. Patil implies that use of more stringent criteria and tools to rectify inappropriate stenting are already his policy in his new job, but random or more than random oversight of procedures might be beneficial as well. Medical peer review of complications and mortality had been in place at London, Kentucky and would be reassuring in all hospital systems if not obligatory. There have not been problems with complications or mortality identified with Dr. Patil's treatment that I'm aware from review of the peer review documents.

Patient C

Diagnosis is suboptimal in that the original reason to proceed is based on what appears to be a false positive stress test. This led to an angiogram that really did not demonstrate a stenosis in the graft, leading to an intervention that in my opinion was not appropriate for reasons above noted. Treatment is opined to be suboptimal as above. The approach seems to be that the interventionist is meeting the patient at the time of the intervention, filling out a terse form that serves as H&P and performs the expected intervention as per the referring cardiologist. This approach might have to be altered to allow for reflection before intervening on ten year old bypass grafts with non-critical lesions that don't match the nuclear result. Pressure wire assessments were available at this hospital at this time and would likely have shown it was safe to defer this intervention, though even placing a wire in these grafts can be complicated. Overall, the case is below minimum standards and involves inappropriate stenting. Remedial education about appropriate records and the comments above concerning oversight of invasive procedures as above are applicable here as well.

Patient D

By way of opinion, the diagnosis aspect of this case is suboptimal. The work-up initially consists of simply stating the patient had angina equivalent symptoms and no additional non-invasive diagnostic modalities were used. After jumping to the invasive angiogram, the lesions are over estimated visually not once but twice in two days. No effort to provide physiologic testing at the time of either angiogram to justify intervention and drug eluting stent placement is expanded. Treatment is

equally suboptimal, i.e., placing stents without justification in a patient with atypical symptoms who subsequently failed to improve at all. Records are poor, with the EMR based office notes difficult to follow, drawing conclusions that have no logical development as though conjured up to justify an inappropriate unjustified invasive approach. Overall opinion is below minimum standards.

There appears to be a pattern of inappropriate assessment and invasive plans, followed by overestimate of the severity of stenoses and inappropriate stenting. Dr. Patil does not appear to comprehend that some patients have continued to have problems and have sought care elsewhere; his assumption is that there is a conspiracy resulting in patients moving to other practitioners that hopefully is not the case. He does seem to know how to avoid unwarranted procedures, but monitoring seems to be indicated to avoid future problems. Records are deficient, magnified by EMR shortcomings.

Patient E

The consultant found that the licensee's treatment and care of the fifth patient reviewed met the applicable standards.

5. The licensee filed a lengthy response with supporting documentation to the Board consultant's report, in which he disagreed with much of the consultant's findings. In concluding his response, the licensee asserted that: "I never placed a stent unless I found it clinically necessary and would benefit a patient." The licensee also noted that: "these few cases represent a very small portion of my previous practice. Indeed, these cases are less than 0.2% of my patient volume over those two years.

6. The licensee also stated, through legal counsel, the following:

Based upon the very limited number of patient records reviewed - and only those identified by an anonymous complainant, the age of the patient records and the change in Dr. Patil's practice setting, it is our opinion that continuing the investigation to review an additional random selection of records in the near future is the best option to fairly assess Dr. Patil's patient care. Four (4) records hand selected by an anonymous complainant do not adequately reflect the practice of Dr. Patil nor does it create a pattern of suboptimal diagnosis or treatment. Thus, a subsequent review of current patient records by random selection will more adequately represent his practice standards.

7. After reviewing the licensee's submissions, the consultant stated as follows:

   His attorney's point that these cases may not be a fair representation of his work is also a consideration. If documentation is enhanced and random cases show favorable review in the future, it seems as though Dr. Patil could contribute through his talents and training to the benefit of patients in his new setting.

8. The parties resolved the issues presented in the previous paragraphs by entering into an Agreed Order on January 17, 2013.

9. On June 4, 2013, the United States of America filed Information No. 13-9 against the licensee in the United States District Court for the Eastern District of Kentucky, Central Division, charging that he knowingly and willfully made a materially false, fictitious and fraudulent statement in a matter involving a health care benefit program (Medicaid), in violation of 18 U.S.C. 1035(a)(2).

10. On June 4, 2013, the licensee entered into a Plea Agreement, resolving Information 13-9. Under the plea agreement, the licensee pled guilty to the charged offense. He agreed to be sentenced to imprisonment for 30-37 months, with the specific term to be determined according to the sentencing guidelines. He also agreed that he would be excluded from the Medicare, Medicaid, and all other Federal health care programs for a minimum period of 5 years.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Forfeiture:

1. The licensee's medical license is subject to regulation and discipline by the Board.

2. The licensee has engaged in conduct which violates the provisions of KRS 311.595(5) and (13). Accordingly, there are legal grounds for the parties to enter into this Agreed Order of Forfeiture.

3. KRS 205.8475(1) provides,

> (1) Any professional, licensed or regulated by any agency of the Commonwealth of Kentucky, who upon final and unappealable decision by a court of competent jurisdiction, is convicted or pleads guilty to a violation of any of the criminal provisions of KRS 205.8451 to 205.8483, shall, in addition to any other penalty provided by law, forfeit the license to practice his or her profession for a mandatory minimum period of five (5) years. The license to practice a profession shall be reinstated only after compliance with all conditions for reinstatement contained in administrative regulations of the applicable licensure or regulatory board or agency promulgated pursuant to the provisions of KRS Chapter 13A. For purposes of this subsection, an individual or entity is considered to have been "convicted" of an offense when:
>
> (a) A judgment of conviction has been entered against the individual or entity by a federal or state court;
> (b) There has been a finding of guilt against the individual or entity by any court of competent jurisdiction;
> (c) A plea of guilty by the individual or entity has been accepted by any court of competent jurisdiction; or
> (d) The individual or entity has entered into participation in a court imposed first offender, deferred adjudication, diversion, or other arrangement or program where judgment of conviction

4. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Forfeiture.

AGREED ORDER OF FORFEITURE

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending investigation without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER OF FORFEITURE:**

1. The license to practice medicine within the Commonwealth of Kentucky held by Sandesh R. Patil, M.D., SHALL BE FORFEITED for a minimum period of five (5) years from the date of filing of this Agreed Order of Forfeiture.
2. During the period that the licensee's medical license is forfeited, he SHALL NOT perform any act which would constitute the "practice of medicine," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities.
3. If the licensee should petition for reinstatement of his license following the mandatory 5-year forfeiture period, the burden shall be upon him to satisfy the Panel that he is presently of good moral character and qualified both physically and mentally to resume the practice of medicine without undue risk or danger to his patients or the public. The licensee understands and agrees that the Panel may require him to complete an assessment(s) or evaluation(s) to assist the Panel in their consideration of any petition for reinstatement of his license. The licensee also understands and agrees that the decision whether to permit him to resume the practice of medicine within the Commonwealth of Kentucky lies within the sole discretion of the Panel.
4. The licensee understands and agrees that, if the Panel should permit him to resume the active practice of medicine following the mandatory 5-year forfeiture, it may impose conditions upon his license as a condition of reinstatement, appropriate to the information before the Panel at that time, including but not limited to the following conditions:

a. The licensee SHALL obtain an adequate history and physical evaluation for each patient that supports the diagnosis and any procedure performed;

b. The licensee SHALL include documentation in each patient's medical record that meets Medicare documentation standards for Level 4-5 before performing any invasive procedure, unless the patient requires emergency treatment. In the event the patient requires emergency treatment, the licensee may provide treatment appropriate to address the emergency, but must meet this documentation requirement promptly after completing the emergency procedure;

c. The licensee SHALL ONLY perform a diagnostic coronary angiography when the appropriate use criteria of 2012 J.Am. College of Cardiology Appropriate Use Criteria for Diagnostic Catheterization (5/9/12) are present and supported by the patient record;

d. The licensee SHALL ONLY perform a coronary revascularization when the appropriate use criteria of 2012 Appropriate Use Criteria for Coronary Revascularization Focused Update, Vol. 59, No. 9, 2012 are present and supported by the patient record;

e. The licensee SHALL ONLY perform an invasive procedure on a patient when a stress test has been performed or over-read by another nuclear cardiologist, unless the licensee can adequately justify upon the patient record that a stress test is medically inappropriate for the particular patient;

f. The licensee SHALL calculate the Duke Treadmill score for regular treadmill stress testing for each patient;

g. The licensee SHALL ONLY perform an invasive procedure where nuclear stress testing and echo cardiogram stress test level of risk for the specific patient are specific and recent;

h. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain patient records, upon request, for review by the Board's agents and/or consultants;

i. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Agreed Order;

j. The licensee understands and agrees that at least one favorable consultant review must be completed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Agreed Order;

k. The licensee SHALL pay the costs of the investigation in the amount of $6,906.25 within twenty-four (24) months from the date of entry of any Order permitting the licensee to resume practice within the Commonwealth;

l. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

5. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order of Forfeiture, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order of Forfeiture, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order of Forfeiture would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Forfeiture;

6. The licensee understands and agrees that any violation of the terms of this Agreed Order of Forfeiture would provide a legal basis for additional disciplinary action,

including revocation, pursuant to KRS 311.595(13), and would serve as a basis for criminal prosecution.

SO AGREED on this 20th day of June, 2013.

FOR THE LICENSEE:

SANDESH R. PATIL, M.D.

COUNSEL FOR THE LICENSEE

FOR THE BOARD:

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

BEFORE THE IOWA BOARD OF MEDICINE

****

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

SANDESH R. PATIL, M.D., RESPONDENT

FILE No. 02-13-125

****

STATEMENT OF CHARGES

****

COMES NOW the Iowa Board of Medicine (Board) on May 15, 2015, and files this Statement of Charges pursuant to Iowa Code Section 17A.12(2). Respondent was issued Iowa medical license no. 29779 on March 15, 1994. Respondent's Iowa medical license went inactive due to nonrenewal on December 1, 1998.

A. TIME, PLACE AND NATURE OF HEARING

1. Hearing. A disciplinary contested case hearing shall be held on September 10, 2015, before the Iowa Board of Medicine. The hearing shall begin at 8:30 a.m. and shall be located in the conference room at the Iowa Board of Medicine office at 400 SW 8th Street, Suite C, Des Moines, Iowa.

2. Answer. Within twenty (20) days of the date you are served this Notice of Hearing you are required by 653 Iowa Administrative Code 25.10 to file an Answer. In that Answer, you should also state whether you will require a continuance of the date and time of the hearing.

3. Presiding Officer. The Board shall serve as presiding officer, but the Board may request an Administrative Law Judge make initial rulings on prehearing matters, and be present to assist and advise the board at hearing.

4. Prehearing Conference. A prehearing conference will be held by telephone on June 24, 2015, at 9:00 a.m., before an Administrative Law Judge from the Iowa Department of Inspections and Appeals (ALJ). Please contact Kent M. Nebel, J.D., Legal Director, Iowa Board of Medicine, at 515-281-7088 with the telephone number at which you or your legal counsel can be reached. Board rules on prehearing conferences may be found at 653 Iowa Administrative Code 25.15.

5. Hearing Procedures. The procedural rules governing the conduct of the hearing are found at 653 Iowa Administrative Code Chapter 25. At hearing, you will be allowed the opportunity to respond to the charges against you, to produce evidence on your behalf, cross-examine witnesses, and examine any documents introduced at hearing. You may appear personally or be represented by counsel at your own expense. If you need to request an alternative time or date for hearing, you must review the requirements in 653 Iowa Administrative Code 25.16. The hearing may be open to the public or closed to the public at the discretion of the Respondent.

6. Prosecution. The office of the Attorney General is responsible for representing the public interest (the State) in this proceeding. Pleadings shall be filed with the Board and copies should be provided to counsel for the State at the following address: Julie Bussanmas, Assistant Attorney General, Iowa Attorney General's Office, 2nd Floor, Hoover State Office Building, Des Moines, Iowa 50319.

7. Communications. You may not contact board members by phone, letter, facsimile, e-mail, or in person about this Notice of Hearing. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in the case. You may contact Kent M. Nebel, J.D., Legal Director, at 515-281-7088 or to Assistant Attorney General Julie Bussanmas at 515-281-5637.

B. LEGAL AUTHORITY AND JURISDICTION

8. Jurisdiction. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 17A, 147, 148, and 272C.

9. Legal Authority: If any of the allegations against you are founded, the Board has authority to take disciplinary action against you under Iowa Code Chapters 17A, 147, 148, and 272C (2005) and 653 Iowa Administrative Code Chapter 25.25.

10. Default. If you fail to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with Iowa Code Section 17A.12(3) and 653 Iowa Administrative Code 25.20.

C. SECTIONS OF STATUTES AND RULES INVOLVED

COUNT I

11. **Felony Conviction:** Respondent is charged pursuant to Iowa Code sections 148.6(2)(b) and 272C.10(5) with being convicted of a felony related to the profession or occupation of the licensee. A copy of the record of conviction or plea of guilty shall be conclusive evidence.

COUNT II

12. **Discipline by Another Licensing Authority:** Respondent is charged pursuant to Iowa Code section 148.6(2)(d) and 653 IAC 23.1(1) with having a license to practice medicine and surgery or osteopathic medicine and surgery revoked or suspended, or having other disciplinary action taken by a licensing authority of another state, territory, or country. A certified copy of the order of disciplinary action is prima facie evidence.

STATEMENT OF THE MATTERS ASSERTED

13. **Practice Setting:** Respondent is an Iowa-licensed physician who formerly practiced internal medicine, specializing in cardiovascular disease, in London, Kentucky.

14. **Criminal Charges:** On June 4, 2013, Respondent pleaded guilty to health care fraud in the United States District Court, Eastern District of Kentucky. Respondent falsely recorded the severity of patients' illnesses in order to receive payment for numerous heart procedures in 2009 and 2010. Respondent was sentenced to 30 months in federal prison and was excluded from the Medicare, Medicaid and all other federal health care programs for a minimum of five years. See Attachment A.

15. **Kentucky Disciplinary Action:** On June 20, 2013, Respondent was disciplined by the Kentucky Board of Medical Licensure (Kentucky Board). The Kentucky Board alleged that Respondent failed to provide appropriate medical care to multiple patients, including the following:

A. Respondent failed to perform appropriate histories, physical examinations and cardiovascular testing.

B. Respondent failed to maintain appropriate medical records.

C. Respondent performed unnecessary cardiovascular testing, stenting and angioplasty procedures.

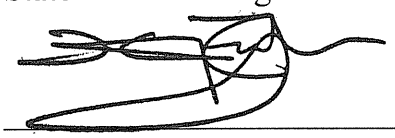
On June 20, 2013, Respondent forfeited his Kentucky medical license. See Attachment B.

E. SETTLEMENT

16. Settlement. This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 653 Iowa Administrative Code 12.25. If you are interested in pursuing settlement of this matter, please contact Kent M. Nebel, J.D., Legal Director at 515-281-7088 or kent.nebel@iowa.gov.

F. PROBABLE CAUSE FINDING

17. On May 15, 2015, the Iowa Board of Medicine found probable cause to file this Statement of Charges.



Hamed H. Tewfik, M.D., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

Attachment "A"

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF KENTUCKY
CENTRAL DIVISION
FRANKFORT

CRIMINAL ACTION NO.

UNITED STATES OF AMERICA **PLAINTIFF**

V. **PLEA AGREEMENT**

SANDESH RAJARAM PATIL **DEFENDANT**

* * * * *

1. Pursuant to Federal Rule of Criminal Procedure 11(c), the Defendant will enter a guilty plea to Count 1 of the Information, charging a violation of 18 U.S.C. § 1035, false statements relating to health care matters. Pursuant to Rule 11(c)(1)(C), the United States and the Defendant agree to a specific sentence range. Pursuant to Rule 11(c)(4), if the Court accepts this plea agreement, the agreed disposition will be included in the judgment.

2. The essential elements of Count 1 are:

(a) the Defendant makes any false, fictitious, or fraudulent statements or representations, or makes or uses any materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

(b) in connection with the delivery of or payment for health care benefits, items, or services.

3. As to Count 1, the United States could prove the following facts that establish the essential elements of the offense beyond a reasonable doubt, and the Defendant admits these facts:

(a) On February 19, 2009, at Saint Joseph Hospital in London, Kentucky, in the Eastern District of Kentucky, **PATIL** reviewed an angiogram of patient B.D. **PATIL** recorded the lesion in B.D.'s left circumflex as 70% blocked. **PATIL** subsequently placed a stent at the site of this lesion. **PATIL** knew the lesion was not 70%, but was actually far less. **PATIL** believed the procedure was medically necessary. **PATIL** falsely recorded the amount of stenosis because he knew Medicaid would not pay for the procedure if he recorded the correct degree of stenosis.

(b) The payment for B.D.'s stent placement was submitted to Medicaid for payment. Medicaid subsequently paid St. Joseph London $6,088.45 for this procedure.

4. The statutory punishment for Count 1 is imprisonment for not more than 5 years, a fine of not more than $250,000, and a term of supervised release of not more than 3 years. A mandatory special assessment of $100 applies, and the Defendant will pay this assessment to the U.S. District Court Clerk at the time of the entry of the plea.

5. The United States and the Defendant agree to the following sentencing guidelines calculation and a sentencing range of 30-37 months, which binds the Court upon acceptance of this plea agreement.

(a) United States Sentencing Guidelines (U.S.S.G.), November 1, 2012, manual, will determine the Defendant's guidelines range.

(b) Pursuant to U.S.S.G. § 1B1.3, the Defendant's relevant conduct includes the amount repaid by Saint Joseph London, which totals $256,800.19.

(c) Pursuant to U.S.S.G. § 2B1.1(a), the base offense level is 6.

(d) Pursuant to U.S.S.G. § 2B1.1(b), increase the offense level by 12 levels for the amount of loss.

(e) Pursuant to U.S.S.G. § 3B1.3, increase the offense level by 2 levels for use of a special skill.

(f) Pursuant to U.S.S.G. §2B1.1(b)(14)(A), increase the offense level by 2 levels for the conscious risk of death or substantial bodily injury inherent in placing a stent.

(g) Pursuant to U.S.S.G. § 3E1.1 and unless the Defendant commits another crime, obstructs justice, or violates a court order, decrease the offense level by 2 levels for the Defendant's acceptance of responsibility. If the offense level determined prior to this 2-level decrease is level 16 or greater, the United States will move at sentencing to decrease the offense level by 1 additional level based on the Defendant's timely notice of intent to plead guilty.

(h) The Defendant's total offense level is 19.

(i) The Defendant has no criminal history points, which places the Defendant in criminal history category 1.

(j) Based on offense level 19 and criminal history 1, the guidelines range for imprisonment is 30-37 months.

(k) The Defendant's sentence of imprisonment shall be no less than 30 months and no more than 37 months.

(l) The Defendant's term of supervised release shall be three years. All mandatory and special conditions of supervised release listed in U.S.S.G. §5D1.3 shall apply.

(m) A fine shall not be imposed because the Defendant has lost his ability to practice medicine and is the subject of numerous civil lawsuits.

(n) Pursuant to U.S.S.G. § 5E1.1, restitution of $256,800.19 has been repaid to the United States by Saint Joseph London. The Defendant specifically agrees, pursuant to 18 U.S.C. § 3663(a)(1)(A), to make any additional restitution provided by 18 U.S.C. § 3663 to those individuals for whom repayment has been made by Saint Joseph London.

6. The Defendant agrees to be excluded from the Medicare, Medicaid, and all other Federal health care programs as defined by 42 U.S.C. § 1320(a)-7b(f) for a minimum period of five years, effective on the date of the plea. This exclusion will be effectuated in

accordance with the requirements of 42 U.S.C. § 1320a-7(a) (mandatory exclusion for conviction.)

7. The Defendant waives the right to appeal the guilty plea, conviction and sentence. Except for claims of ineffective assistance of counsel, the Defendant also waives the right to attack collaterally the guilty plea, conviction, and sentence.

8. The United States will recommend releasing the Defendant on the current conditions for future court appearances if the Defendant does not violate the terms of the order setting conditions of release.

9. The Defendant agrees to cooperate fully with the United States Attorney's Office and will make a full and complete financial disclosure. The Defendant agrees to complete and sign a financial disclosure statement or affidavit disclosing all assets in which the Defendant has any interest or over which the Defendant exercises control, directly or indirectly, including those held by a spouse, nominee, or other third party, and disclosing any transfer of assets that has taken place within three years preceding the entry of this plea agreement. The Defendant will submit to an examination, which may be taken under oath and may include a polygraph examination. The Defendant will not encumber, transfer, or dispose of any monies, property, or assets under the Defendant's custody or control without written approval from the United States Attorney's Office. If the Defendant is ever incarcerated in connection with this case, the Defendant will participate in the Bureau of Prisons' Inmate Financial Responsibility Program, regardless of whether the Court

specifically directs participation or imposes a schedule of payments. If the Defendant fails to comply with any of the provisions of this paragraph, the United States, in its discretion, may refrain from moving the Court pursuant to U.S.S.G. § 3E1.1(b) to reduce the offense level by one additional level, and may argue that the Defendant should not receive a two-level reduction for acceptance of responsibility under U.S.S.G. § 3E1.1(a).

10. The Defendant understands and agrees that, pursuant to 18 U.S.C. § 3613, whatever monetary penalties are imposed by the Court will be due and payable immediately and subject to immediate enforcement by the United States. If the Court imposes a schedule of payments, the Defendant agrees that it is merely a minimum schedule of payments and not the only method, nor a limitation on the methods, available to the United States to enforce the judgment. The Defendant waives any requirement for demand of payment on any fine, restitution, or assessment imposed by the Court and agrees that any unpaid obligations will be submitted to the United States Treasury for offset. The Defendant authorizes the United States to obtain the Defendant's credit reports at any time. The Defendant authorizes the U.S. District Court to release funds posted as security for the Defendant's appearance bond in this case, if any, to be applied to satisfy the Defendant's financial obligations contained in the judgment of the Court.

11. If the Defendant violates any part of this Agreement, the United States may void this Agreement and seek an indictment for any violations of federal laws, and the Defendant waives any right to challenge the initiation of additional federal charges.

12. This document and the sealed supplement contain the complete and only Plea Agreement between the United States Attorney for the Eastern District of Kentucky and the Defendant. The United States has not made any other promises to the Defendant.

13. This Agreement does not bind the United States Attorney's Offices in other districts, or any other federal, state, or local prosecuting authorities.

14. The Defendant and the Defendant's attorney acknowledge that the Defendant understands this Agreement, that the Defendant's attorney has fully explained this Agreement to the Defendant, and that the Defendant's entry into this Agreement is voluntary.

KERRY B. HARVEY
UNITED STATES ATTORNEY

Date: 6/4/13 By: _____
Andrew Sparks
Assistant United States Attorney

Date: 6/4/13 _____
Sandesh Patil
Defendant

Date: 6/4/13 _____
Brian Butler
Attorney for Defendant

APPROVED, this _____ day of _____, _____.

_____
UNITED STATES DISTRICT JUDGE

Attachment "B"

FILED OF RECORD

JUL 18 2013

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1497

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY SANDESH R. PATIL, M.D., LICENSE 36248, 285 BEECHWOOD DRIVE, LONDON, KENTUCKY 40744

AGREED ORDER OF FORFEITURE

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Sandesh R. Patil, M.D. ("licensee"), and, based upon their mutual desire to fully and finally resolve the pending investigation without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER OF FORFEITURE**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Forfeiture:

1. At all relevant times, Sandesh R. Patil, M.D., was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Cardiovascular Disease.
3. On March 22, 2011, the Kentucky Board of Medical Licensure (hereafter "the Board") received an anonymous grievance alleging that the licensee and others were performing unnecessary stenting and angioplasty procedures.
4. Following a preliminary review by the Board's consultant, the Board obtained five (5) patient records from the licensee involving those procedures. Following review, the consultant reached the following conclusions, in part,

Patient A

There is more than enough information to form an opinion. Diagnosis is clearly below minimum standards. Never once during the extended course of events did this patient have a physiologic exam to assess whether there actually existed any objective evidence of ischemia. This could have been any of a variety of stress test, or during a procedure, pressure wire measurement. Instead, there is a consistent inappropriate rush to invasive testing to show anatomy, sometimes scheduled by a mid-level provider. On my count, the patient presented eleven times and was taken to the cath lab ten of those times; each trip to the lab was associated with an intervention. The IVUS device is utilized more than usual or necessary, almost always to push for revascularization rather than as a tool to show that another procedure is not required. This is followed by consistent exaggeration of the severity of stenosis at angiography and with the IVUS device. Records are below minimum standards. Never once is there a work-up by Dr. Patil that would "pass muster" for a billable H&P, or an office note or in-patient consultation that justifies the diagnosis and plan with details of a history or exam. Treatment is below minimum standards as discussed extensively above. It seems that the plan to treat and the procedure to be done are often pre-determined before the anatomy has even been seen. In the end, the patient needed surgery to correct complications of her treatment, not her disease. Clearly, this case is below minimum standards. This case includes multiple instances of unnecessary stents as well as other unnecessary procedures. These departures from minimum standards are justified by Dr. Patil as attempts to help this patient who in retrospect is likely to have had a psychiatric illness. There can be no legitimate justification for the careless, casual, systematic over utilization of invasive and interventional treatments in this case. While it is true that some of the procedures became necessary to treat eventual complications, these complications arose from illegitimate procedures that were not necessary at the onset. It is doubtful that remedial education is the solution to this pattern of gross over utilization. It is my understanding that this physician has relocated to a different area in a different practice. Certainly leaving this hospital that accepts rudimentary documents as appropriate records will possibly help. Getting out of the London practice that appears to be totally oriented to maximal procedural billing will likely help. Advances in interventional cardiology that help avoid inappropriate intervention are available and are known to the patient. Total or random review of all invasive procedures performed by this physician as well as requirement of his submitting appropriate records with emphasis on history, physical exam, tests, etc may be appropriate. Remedial education may be helpful for the latter.

Patient B

Diagnosis is opinioned to be below minimum standards. There is no physiologic study before or during revascularization procedures on the native right coronary artery or the native left main. There is no testing of the pulmonary system until after the patient has already been through the difficult process of coming off Coumadin that is continuously essential for the safe function of the metallic valve in place in the

aorta to do the arterial puncture. There is only review of an earlier poorly done angiogram followed by an inexplicable plan to place stents into an unobstructed native right coronary artery. Treatment is also suboptimal when this plan is carried out, but only after stenting a main left coronary artery that only supplies small branches that remain after occlusion of the LAD and circumflex years ago. Records are very poor both by not having details important to the case, and by having nonsense assessment and plan sections in the document serving as the admission H&P. Overall my opinion is that the case is below minimum standards. Unnecessary stenting is noted. The reasons for this opinion are discussed above. It is my impression that the London, Kentucky hospital has already changed procedures in an effort to supervise physician utilization of the cath lab, both for diagnostic and therapeutic uses. Remedial instruction is possible for record keeping, etc. More appropriate hospital expectations for records would also be welcome. The rebuttal letter from Dr. Patil implies that use of more stringent criteria and tools to rectify inappropriate stenting are already his policy in his new job, but random or more than random oversight of procedures might be beneficial as well. Medical peer review of complications and mortality had been in place at London, Kentucky and would be reassuring in all hospital systems if not obligatory. There have not been problems with complications or mortality identified with Dr. Patil's treatment that I'm aware from review of the peer review documents.

Patient C

Diagnosis is suboptimal in that the original reason to proceed is based on what appears to be a false positive stress test. This led to an angiogram that really did not demonstrate a stenosis in the graft, leading to an intervention that in my opinion was not appropriate for reasons above noted. Treatment is opined to be suboptimal as above. The approach seems to be that the interventionist is meeting the patient at the time of the intervention, filling out a terse form that serves as H&P and performs the expected intervention as per the referring cardiologist. This approach might have to be altered to allow for reflection before intervening on ten year old bypass grafts with non-critical lesions that don't match the nuclear result. Pressure wire assessments were available at this hospital at this time and would likely have shown it was safe to defer this intervention, though even placing a wire in these grafts can be complicated. Overall, the case is below minimum standards and involves inappropriate stenting. Remedial education about appropriate records and the comments above concerning oversight of invasive procedures as above are applicable here as well.

Patient D

By way of opinion, the diagnosis aspect of this case is suboptimal. The work-up initially consists of simply stating the patient had angina equivalent symptoms and no additional non-invasive diagnostic modalities were used. After jumping to the invasive angiogram, the lesions are over estimated visually not once but twice in two days. No effort to provide physiologic testing at the time of either angiogram to justify intervention and drug eluting stent placement is expanded. Treatment is

equally suboptimal, i.e., placing stents without justification in a patient with atypical symptoms who subsequently failed to improve at all. Records are poor, with the EMR based office notes difficult to follow, drawing conclusions that have no logical development as though conjured up to justify an inappropriate unjustified invasive approach. Overall opinion is below minimum standards.

There appears to be a pattern of inappropriate assessment and invasive plans, followed by overestimate of the severity of stenoses and inappropriate stenting. Dr. Patil does not appear to comprehend that some patients have continued to have problems and have sought care elsewhere; his assumption is that there is a conspiracy resulting in patients moving to other practitioners that hopefully is not the case. He does seem to know how to avoid unwarranted procedures, but monitoring seems to be indicated to avoid future problems. Records are deficient, magnified by EMR shortcomings.

Patient E

The consultant found that the licensee's treatment and care of the fifth patient reviewed met the applicable standards.

5. The licensee filed a lengthy response with supporting documentation to the Board consultant's report, in which he disagreed with much of the consultant's findings. In concluding his response, the licensee asserted that: "I never placed a stent unless I found it clinically necessary and would benefit a patient." The licensee also noted that: "these few cases represent a very small portion of my previous practice. Indeed, these cases are less than 0.2% of my patient volume over those two years.

6. The licensee also stated, through legal counsel, the following:

Based upon the very limited number of patient records reviewed - and only those identified by an anonymous complainant, the age of the patient records and the change in Dr. Patil's practice setting, it is our opinion that continuing the investigation to review an additional random selection of records in the near future is the best option to fairly assess Dr. Patil's patient care. Four (4) records hand selected by an anonymous complainant do not adequately reflect the practice of Dr. Patil nor does it create a pattern of suboptimal diagnosis or treatment. Thus, a subsequent review of current patient records by random selection will more adequately represent his practice standards.

7. After reviewing the licensee's submissions, the consultant stated as follows:

   His attorney's point that these cases may not be a fair representation of his work is also a consideration. If documentation is enhanced and random cases show favorable review in the future, it seems as though Dr. Patil could contribute through his talents and training to the benefit of patients in his new setting.

8. The parties resolved the issues presented in the previous paragraphs by entering into an Agreed Order on January 17, 2013.

9. On June 4, 2013, the United States of America filed Information No. 13-9 against the licensee in the United States District Court for the Eastern District of Kentucky, Central Division, charging that he knowingly and willfully made a materially false, fictitious and fraudulent statement in a matter involving a health care benefit program (Medicaid), in violation of 18 U.S.C. 1035(a)(2).

10. On June 4, 2013, the licensee entered into a Plea Agreement, resolving Information 13-9. Under the plea agreement, the licensee pled guilty to the charged offense. He agreed to be sentenced to imprisonment for 30-37 months, with the specific term to be determined according to the sentencing guidelines. He also agreed that he would be excluded from the Medicare, Medicaid, and all other Federal health care programs for a minimum period of 5 years.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Forfeiture:

1. The licensee's medical license is subject to regulation and discipline by the Board.

2. The licensee has engaged in conduct which violates the provisions of KRS 311.595(5) and (13). Accordingly, there are legal grounds for the parties to enter into this Agreed Order of Forfeiture.

3. KRS 205.8475(1) provides,

> (1) Any professional, licensed or regulated by any agency of the Commonwealth of Kentucky, who upon final and unappealable decision by a court of competent jurisdiction, is convicted or pleads guilty to a violation of any of the criminal provisions of KRS 205.8451 to 205.8483, shall, in addition to any other penalty provided by law, forfeit the license to practice his or her profession for a mandatory minimum period of five (5) years. The license to practice a profession shall be reinstated only after compliance with all conditions for reinstatement contained in administrative regulations of the applicable licensure or regulatory board or agency promulgated pursuant to the provisions of KRS Chapter 13A. For purposes of this subsection, an individual or entity is considered to have been "convicted" of an offense when:
>
> (a) A judgment of conviction has been entered against the individual or entity by a federal or state court;
> (b) There has been a finding of guilt against the individual or entity by any court of competent jurisdiction;
> (c) A plea of guilty by the individual or entity has been accepted by any court of competent jurisdiction; or
> (d) The individual or entity has entered into participation in a court imposed first offender, deferred adjudication, diversion, or other arrangement or program where judgment of conviction

4. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Forfeiture.

AGREED ORDER OF FORFEITURE

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending investigation without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER OF FORFEITURE:**

1. The license to practice medicine within the Commonwealth of Kentucky held by Sandesh R. Patil, M.D., SHALL BE FORFEITED for a minimum period of five (5) years from the date of filing of this Agreed Order of Forfeiture.
2. During the period that the licensee's medical license is forfeited, he SHALL NOT perform any act which would constitute the "practice of medicine," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities.
3. If the licensee should petition for reinstatement of his license following the mandatory 5-year forfeiture period, the burden shall be upon him to satisfy the Panel that he is presently of good moral character and qualified both physically and mentally to resume the practice of medicine without undue risk or danger to his patients or the public. The licensee understands and agrees that the Panel may require him to complete an assessment(s) or evaluation(s) to assist the Panel in their consideration of any petition for reinstatement of his license. The licensee also understands and agrees that the decision whether to permit him to resume the practice of medicine within the Commonwealth of Kentucky lies within the sole discretion of the Panel.
4. The licensee understands and agrees that, if the Panel should permit him to resume the active practice of medicine following the mandatory 5-year forfeiture, it may impose conditions upon his license as a condition of reinstatement, appropriate to the information before the Panel at that time, including but not limited to the following conditions:

a. The licensee SHALL obtain an adequate history and physical evaluation for each patient that supports the diagnosis and any procedure performed;

b. The licensee SHALL include documentation in each patient's medical record that meets Medicare documentation standards for Level 4-5 before performing any invasive procedure, unless the patient requires emergency treatment. In the event the patient requires emergency treatment, the licensee may provide treatment appropriate to address the emergency, but must meet this documentation requirement promptly after completing the emergency procedure;

c. The licensee SHALL ONLY perform a diagnostic coronary angiography when the appropriate use criteria of 2012 J.Am. College of Cardiology Appropriate Use Criteria for Diagnostic Catheterization (5/9/12) are present and supported by the patient record;

d. The licensee SHALL ONLY perform a coronary revascularization when the appropriate use criteria of 2012 Appropriate Use Criteria for Coronary Revascularization Focused Update, Vol. 59, No. 9, 2012 are present and supported by the patient record;

e. The licensee SHALL ONLY perform an invasive procedure on a patient when a stress test has been performed or over-read by another nuclear cardiologist, unless the licensee can adequately justify upon the patient record that a stress test is medically inappropriate for the particular patient;

f. The licensee SHALL calculate the Duke Treadmill score for regular treadmill stress testing for each patient;

g. The licensee SHALL ONLY perform an invasive procedure where nuclear stress testing and echo cardiogram stress test level of risk for the specific patient are specific and recent;

h. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain patient records, upon request, for review by the Board's agents and/or consultants;

i. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Agreed Order;

j. The licensee understands and agrees that at least one favorable consultant review must be completed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Agreed Order;

k. The licensee SHALL pay the costs of the investigation in the amount of $6,906.25 within twenty-four (24) months from the date of entry of any Order permitting the licensee to resume practice within the Commonwealth;

l. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

5. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order of Forfeiture, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order of Forfeiture, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order of Forfeiture would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Forfeiture;

6. The licensee understands and agrees that any violation of the terms of this Agreed Order of Forfeiture would provide a legal basis for additional disciplinary action,

including revocation, pursuant to KRS 311.595(13), and would serve as a basis for criminal prosecution.

SO AGREED on this 20th day of June, 2013.

FOR THE LICENSEE:

SANDESH R. PATIL, M.D.

COUNSEL FOR THE LICENSEE

FOR THE BOARD:

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150